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		CLAIMS AS FILED		
For	Number Filed	Number Extra	Rate	T Fee
Total Claims	12- 20 =	-O-	x \$22.00 =	10
Independent Claims	4-3=	-1-	x \$76.00 =	\$76.00
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one copy are enclosed X The Commissioner is he	Account No. 01-0519 in the l. ereby authorized to charge by overpayment to Deposit	any additional filing fees of Account No. 01-0519. Respectfully start of March M. Pess	which may be required to submitted, Sin nt for Applicant(s) No.: 34,899	
Please send all future corresponding U.S. Patent Operations/KMF M/S 10-1-B-431 AMGEN INC. Amgen Center 1840 Dehavilland Drive Thousand Oaks, California S				

TB 530 346 498 US

Date of Deposit Tune 7, 1995

Thereby certify that this paper or lee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Box Patent Application, Assistant Commissioner of Patents, Washington, D.(C. 2023)

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